




EMS for Children Committee Meeting
Office of EMS
1041 Technology Park Drive, Glen Allen, VA
April 7, 2011
3-5 p.m.

Members Present:	OEMS Staff:	Others:
David P. Edwards, MBA , VDH, OEMS, Virginia EMS for Children Coordinator	Beth Singer , Public Information & Education Coordinator, VDH, OEMS	Valeta Daniels
Petra Connell, Ph.D., MPH , EMSC Family Representative	Wanda Street , Secretary Senior, VDH, OEMS	Jessica Goodman
Stephen Rea , TJEMS, Regional EMS Council Representative		Lori Harbour
Virginia Powell, Ph.D. , VDH, Office of the Chief Medical Examiner		
Kae Bruch , Virginia Association of School Nurses Representative		
Theresa Guins, MD , Pediatric ED Physician, EMSC Program Medical Director		
Alice Ackerman , Department Chair of Pediatrics, Carilion Roanoke Memorial Hospital		
Gary Brown , Director of the Office of EMS, VDH		
Paul Sharpe , Trauma/Critical Care Coordinator, VDH, OEMS		

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to order:	The meeting was called to order by Dr. Theresa Guins at 3:14 p.m.	
Approval of Minutes from the January 6, 2011 meeting:	A motion was made to review and approve the minutes. Petra Connell was listed as the person who will contact the Virginia Association of School Nurses; however, David will be contacting them regarding The Choking Game.	The minutes were approved as submitted. David will report back regarding VASN contact.
Introductions:	Everyone around the room introduced themselves.	
Chairperson's Report – Theresa Guins reported for Dr. Robin Foster:	At the last Advisory Board meeting, there was some discussion about funding cuts for the Poison Control Centers. Members were asked to advocate for the Poison Centers because it is very important to have the centers operating at full capacity for the sake of the children.	
OEMS Report:	Paul Sharpe – The State Trauma Triage Plan has been approved by the Board of Health. The Trauma System Oversight & Management Committee is in the final stages of creating burn criteria for the Trauma Designation Manual and will also be looking at the Trauma Center Pediatric Designation criteria and pediatric criteria in general for Trauma Centers.	

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	<p>Gary Brown gave an update on the new National Scope of Practice and the new Educational Standards that the Division of Educational Development is currently working on. The transition will be done through continuing education for the providers. No testing will be required. Also, the Instructor testing will be done through National Registry of Emergency Medical Technician (NREMT) testing. This will be a big change for Virginia field providers.</p> <p>Beth Singer reported that the Symposium "Pre-Conference" guide will soon be available. The OEMS Newsletter will be released within the next day and contains an article featuring the "The Choking Game". EMS Week is May 15-21 and Wednesday, May 18 is EMS for Children Day. The outreach for providers will focus on preventing pediatric drowning and the prevention of head injuries and the importance of wearing helmets. Also, information has been posted on social media sites about new updates on child passenger safety seats.</p>	
EMSC Program Report – David Edwards:	<p>See attachments below for David's report:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>EMSC Program Report Apr 2011.doc</p> </div> <div style="text-align: center;">  <p>Pediatric Disaster Articles - April 2011.t</p> </div> </div>	
EMSC Family Representative Report – Petra Connell:	<p>1) FAN MAIL 2011 Spring/Summer edition: Please see attached PDF. http://uat.dcchildrens.com/files/PDF/EMSC/ForFamilies/FAN_Mail_-_Spring-Summer_2011.pdf</p> <p>2) Dr. Karen O'Connell's TI Grant: EMSC Targeted Issues (TI) Grantee Karen O'Connell, MD, is the lead principal investigator at the Children's Research Institute at Children's National Medical Center in Washington, DC. Dr. O'Connell and her research team are currently examining <i>"Family Presence During Pediatric Trauma Team Activation: Measuring the Effects of a Multidisciplinary Approach to Patient-Family-Centered Care."</i></p> <p>This multi-site collaborative study looks at the effects of family presence on the timeliness and effectiveness of care during pediatric trauma evaluation/resuscitation, as well as determining families' and providers' attitudes and beliefs after experiencing family presence. For more information about her grant, including goals, objectives, and activities to date, visit the EMSC website at http://www.childrensnational.org/EMSC/</p> <p>3) NHTSA Releases New Child Restraint Guidelines: The National Highway Traffic Safety Administration (NHTSA) has revised its child restraint guidelines to be categorized by age rather than by type of child seat in order to keep pace with the latest scientific and medical research and the development of new child restraint technologies.</p> <p>Under the new guidelines, NHTSA is advising parents and caregivers to keep children in each restraint type – including rear-facing, forward-facing, and booster seats – or as long as possible before moving them up to the next type of seat. The recommendations are consistent with the latest advice from the American Academy of Pediatrics (AAP). For additional information visit: http://www.nhtsa.gov/Safety/CPS</p> <p>4) Child Passenger Safety: An AAP policy statement: The American Academy of Pediatrics (AAP) released new recommendations on car seats, confirming that children should</p>	

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	<p>ride rear-facing to age 2 and use a booster seat until at least age 8. I have attached the Policy Statement that was published in Pediatrics. 2011 Apr; 127(4): 787–794.</p> <div data-bbox="863 256 999 331" data-label="Image"> </div> <p>The AAP also developed information for the general public called “<i>Safety Seats: Information for Families for 2011.</i>” Please view the resource at: http://www.healthychildren.org/English/safety-prevention/on-the-go/pages/Car-Safety-Seats-Information-for-Families.aspx</p>	
Committee Member Organization Reports:	<p><u>Stephen Rea, TJEMS</u> – No pediatric report. Attended Professional Development Committee meeting yesterday and the main discussions centered around the new testing changes as mentioned by Mr. Brown.</p> <p><u>Virginia Association of School Nurses Report</u> (Kae Bruch, RN): School Nurse positions are being cut in some school divisions in Virginia. As the complexity of student medical needs increases each year, it is unclear how those needs will be met in divisions without or with too few School Nurses. Any support committee members can show the local and state governance regarding the importance of having qualified licensed School Nurses in the schools would be greatly appreciated.</p> <p><u>Virginia Powell, VDH</u> – The Child Fatality Review Team is still doing the sleep related deaths and just finished the 2009 Western cases. They have been looking at the EMS response in relation to these cases, and it seems that EMS personnel are on the scene a long time. The Team wants to look at why they are there for extended time periods.</p> <p>The Committee discussed pediatric deaths and the possibility of creating an EMSAT. This could also be a new symposium topic – How to Handle Deceased Child Cases.</p> <p><u>Theresa Guins, MD</u> – At the Medical Direction Committee they discussed adopting some ability for providers to clear more C-spines in the field as opposed to putting everybody on backboards (with a collar). When asked age limits, they said 16 and above. A patient 14 and above can refuse to be transported. Someone at the committee thought that age to be 18; this topic will be referred to Michael Berg for clarification.</p> <p><u>VENA (Virginia Emergency Nurses Association: Cathy Fox RN CEN CPEN cfoxern@gmail.com and ccfox@sentara.com 757-434-2782</u> -- Well I am on a high as yesterday I was in the Patrick Henry Building for the official signing of HB 1690 with Governor McDonnell and Del. Dr. Chris Stolle (protection for Nurses, Physicians, and ED Techs and those in the act of rendering care to patients in the emergency department, urgent care or clinic setting) this new bill becomes law effective July 1st and carries mandatory jail time 16 hours cannot be suspended by a judge. This was a seven year journey for us trying to get this through committee after committee. What a joy when Delegate Dr. Chris Stolle gave me the official pen used by the governor to sign into law. It truly shows if you have a passion for something anything is possible. Since January's meeting I have done 4 Choking Game: GASP lectures all over the Commonwealth over 80 EMS and 50 parents. Only 1 school has allowed me to come---PTA's has been the best way so far. So many schools are afraid it will TEACH the kids how to do it; I cannot believe how many EMS and military people told me they have played this game. Obici and Belle Harbor in my area both recently had young adolescents in the ED with similar complaints. Drive</p>	<p>Dave will note this as a potential topic and forward to someone on the Symposium Planning Committee.</p> <p>Clarification will be requested of Michael Berg.</p>

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	Safe HR had 33 high schools and middle schools complete the seat belt challenge & over 32,000 students were touched by this campaign and all schools saw improvement from baseline. Lake Taylor High school even produced a 45 second commercial on dangers of texting while driving it was excellent will bring to July meeting. Also, our car seat round up was highly successful this year.	
Special Presentation – Pediatric Disaster Preparedness Training in Southwest Virginia –Alice Ackerman	<p>Ms. Ackerman gave a brief background on how she came to be in the position that she is currently in at Carilion.</p>  <p>Pediatric_Disaster_Preparedness_Training.</p> <p>As a committee, what should we be doing in regard to pediatric disaster preparedness? The first order of business is education in triage and field training as well as how to handle a surge of pediatric patients. They also discussed JumpStart and other pediatric programs that fell by the wayside.</p> <p>The committee could survey the hospitals and ask what plan they have in place in the event of a pediatric surge. David will get involved with the Emergency Management Committee Meeting (Winnie Pennington or Karen Owens) to discuss pediatric emergency planning. David also mentioned that there will be a national survey soon of emergency departments and that this information will likely be included. The survey will be well-funded and backed by very credible pediatric advocates and organizations, and the information will eventually come back to EMSC programs.</p>	
Old Business:	None.	
New Business:	None.	
Public Comment:	None.	
Adjournment:	The meeting adjourned at approximately 5:02 p.m.	The next meeting will be held July 7, 2011 at 1041 Technology Park Drive, Glen Allen, VA.